



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

| | |
|---|--|
| 1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name Friends of Michael T. Conway | |
| 2. Acronym or Abbreviated Name (if any) | 3. Committee Telephone Number (317) 291-9041 |
| 4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 4650 Stansbury Lane | |
| 5. City, State, ZIP Code Indianapolis, Indiana 46254 | 6. Party Affiliation (if applicable) Democratic |

CANDIDATE INFORMATION (For Candidate's Committees Only)

| | |
|--|--|
| 7. Full Name of Candidate (include any nickname) Michael T. Conway | 8. Party Affiliation or If Independent Candidate Democratic |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Pike Township Legislative Board | 10. County of Residence Marion |

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

| | |
|---|---|
| 11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization) | Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention |
|---|---|

| | | |
|---|-------------------------|--------------------------|
| 12. Reporting Period: From: January 1, 2006 Through: December 31, 2006 | COLUMN A This Period | COLUMN B Year to Date |
|---|-------------------------|--------------------------|

| | | |
|---|---|---|
| 13. Cash on hand and investments at the beginning of this reporting period. | 0 | |
| 14. Cash on hand and investments January 1, current year. | | 0 |

CONTRIBUTIONS AND RECEIPTS

| | | |
|---|---|---|
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | |
| 15a. Itemized (use Schedule A) | 0 | 0 |
| 15b. Unitemized | 0 | 0 |
| 15c. Add lines 15a and 15b in both columns SUBTOTAL | 0 | 0 |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL | 0 | 0 |

EXPENDITURES

| | | |
|---|---|---|
| (Note: These amounts include in-kind expenditures and loan repayments.) | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | 0 | 0 |
| 17b. Unitemized | 0 | 0 |
| 17c. Add lines 17a and 17b in both columns SUBTOTAL | 0 | 0 |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL | 0 | |
| 19. Debts OWED BY the committee (use Schedule D) | 0 | |
| 20. Debts OWED TO the committee (use Schedule E) | 0 | |

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

| | | |
|---|--------------------|----------------|
| Signature of Treasurer Michael T. Conway | Title Treasurer | Date 1/5/06 |
| Signature of Candidate (if applicable) Michael T. Conway | | Date 1/5/06 |

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

50:2 113 8-1110 10
7:05

MARKING COUNTY CLERK
7-17